## PART B - FEE(S) TRANSMITTAL

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5514 7500 10/06/2008

FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112

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(Signature Dist APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/910 929 07/24/2001 Herve Le Floch 1807.1619

TITLE OF INVENTION: MESSAGE INSERTION AND EXTRACTION IN DIGITAL DATA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/06/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
РОРНАМ,	JEFFREY D	2137	713-176000				
I. Change of correspondence address or indication of "Fee Address" (27 CFR 1.5a).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/12) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 0.5-02 or more recent) attached. Use of a Customer Number is required.			For printing on the patent front page, list     (1) the names of up to 3 registered patent attorneys     or agents OR, alternatively,     (2) the name of a single firm (having as a member a     registered nationey or agent) and the names of up to     2 registered patent attorneys or agents. If no name is     itsted, no name will be pratted.		era 2	2	
. ASSIGNEE NAME	AND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or typ	oe)			
PLEASE NOTE: Un recordation as set for	nless an assignee is iden th in 37 CFR 3.I1. Com	tified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assignee is it assignment.	lentified below, the doct	ament has been filed for	

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Canon Kabushiki Kaisha

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🕰 Corporation or other private group entity 🔲 Government

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) XX Publication Fee (No small entity discount permitted)

A check is enclosed. Payment by credit card. Form PTO-2038 is attached.

XX The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-393 enclose an extra copy of this form). Advance Order - # of Copies

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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